



**APPLICATION FOR EMPLOYMENT**  
6591 Orange Drive, Davie, Florida 33314-3399  
(954) 797-1010  
Job Hotline (954) 791-9501  
Web Page [www.davie-fl.gov](http://www.davie-fl.gov)  
"An Equal Opportunity Employer"  
Drug-Free and Alcohol-Free Workplace

A Town of Davie employment application must be completed for an applicant to be considered for employment. Please answer each question. If the question does not apply, indicate N/A. If the space available is insufficient, please attach additional sheets as required. Please PRINT CLEARLY or TYPE all information. Please use ink.

The Town of Davie reserves the right not to process an employment application if said application is found to be incomplete or if required documentation is not provided. If you are submitting a resume, you must still complete all parts of this application.

Under the Americans with Disabilities Act of 1991, the Town is required to reasonably accommodate qualified individuals with a disability. The reasonable accommodation requirement applies to the application process, any pre-employment testing, interviews and actual employment but only if the Town knows that an accommodation is required. If you are disabled and require accommodation, the Town will make every reasonable effort to provide it to you. You may request an accommodation at any time. However, some types of accommodation may require some preparation before they can be provided

1) Position Applied For		2) Social Security Number		3) Telephone Number	
4) Last Name		First Name		Middle Name	
5) Present Address	Street	City	State	Zip	
6) Present Address	Street	City	State	Zip	

7) Are you available to work \_\_\_ Full Time \_\_\_ Part Time \_\_\_ Temporary When are you able to start? \_\_\_\_\_

8) Under the Immigration Reform and Control Act, we are required to verify that you are legally eligible for employment in the United States. Please provide the appropriate documentation upon employment.

Appropriate documentation includes any one of the following:

- United States Passport
- Certificate of United States Citizenship
- Certificate of Naturalization
- Resident Alien Card, provided it bears a photograph of the bearer
- Temporary Resident Card
- Employment Authorization Card

If the aforementioned are not available, appropriate documentation may consist of the following:

- Social Security Card\*
- Original or certified copy of a Birth Certificate\*
- Unexpired INS Employment Authorization\*
- Certification of Birth Abroad issued by the Department of State\*
- United States Citizen Identification Card\*

\*Must be accompanied by a document that establishes identity, such as a picture-bearing driver's license, a picture-bearing state issued identification card or school identification card, voter's registration card, United States Military card or draft record. Documents other than those listed may be accepted, please inquire.

9) Education (attach a copy of diploma, G.E.D., certificate or degree)

A) Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

High school diploma ☐ Yes ☐ No If yes, date received: \_\_\_\_\_

Equivalency-G.E.D. ☐ Yes ☐ No If yes, date received: \_\_\_\_\_

Name/City/State of last school attended: \_\_\_\_\_

B) List Special Training (Business Technical, Vocational, Armed Forces School, etc.)

Name and Location of Vocational School, Training Center, etc.	Dates Attended		Course(s) or Subject(s) Taken	Certificate(s) Received
	From MO/YR	To MO/YR		

C) List Colleges and Universities Attended

Name and Location of College or University	Dates Attended		Credit Hours	Major/Minor Program of Study	Degree	Date Received
	From MO/YR	To MO/YR				

D) List any experience, skills, or qualifications which you feel should be considered: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E) List any special qualifications not covered elsewhere (i.e. membership in professional or technical associations, licenses or certificates held or certified membership in any trade or profession): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10) Employment Record: Begin with your present or most recent employment and work back. List all jobs held in the last ten years. If more space is necessary, please attach additional sheets. Be specific when describing job duties. Please do not include volunteer work.

May we contact your present employer regarding your record of employment? ☐ Yes ☐ No

A) Present Employer

From MO/YR	To MO/YR	Employer _____
		Address _____
		City/State/Zip _____
Hours Per Week _____		Position Title _____
Starting Salary _____		Supervisor's Name _____ Telephone Number _____
Ending Salary _____		Reason for Leaving _____
Specific Duties _____		

From MO/YR	To MO/YR	Employer _____
		Address _____
		City/State/Zip _____
Hours Per Week _____		Position Title _____
Starting Salary _____		Supervisor's Name _____ Telephone Number _____
Ending Salary _____		Reason for Leaving _____
Specific Duties _____		
_____		
_____		
_____		
_____		

From MO/YR	To MO/YR	Employer _____
		Address _____
		City/State/Zip _____
Hours Per Week _____		Position Title _____
Starting Salary _____		Supervisor's Name _____ Telephone Number _____
Ending Salary _____		Reason for Leaving _____
Specific Duties _____		
_____		
_____		
_____		

If yes, complete the following:

Branch _____	Rank _____
Date of Entry _____	Date of Separation _____

List any special duties or training you received: \_\_\_\_\_

**12) Veteran's Preference:** Are you claiming Veteran's employment preference? ☐ Yes ☐ No If yes, please complete a Town of Davie Veteran's Preference Form (available at Town Hall), and submit with appropriate documentation (copy of DD214) substantiating your claim, at the time of application.

\_\_\_\_\_ Town Employee \_\_\_\_\_ Interest Card \_\_\_\_\_ Internet  
 \_\_\_\_\_ Town's Job Announcement Board \_\_\_\_\_ Newspaper Ad - Specify Newspaper \_\_\_\_\_  
 \_\_\_\_\_ Employment Agency \_\_\_\_\_ Other: \_\_\_\_\_

A) Name	Occupation
Address	Telephone Number
B) Name	Occupation
Address	Telephone Number

## References (continued)

C) Name	Occupation
Address	Telephone Number

15) Have you ever been discharged or forced to resign from any job? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

16) Have you ever been employed by the Town of Davie? ☐ Yes ☐ No

If yes, please provide date(s) and department(s): \_\_\_\_\_

17) Are you related to any Town of Davie employee? ☐ Yes ☐ No

If yes, please provide name, relation, and employing department: \_\_\_\_\_

18) Have you ever been convicted of any criminal offense, pleaded guilty or *nolo contendere*, or found guilty of a criminal offense, even though adjudication was withheld or sentence was suspended? ☐ Yes ☐ No

Date \_\_\_\_\_ Charge \_\_\_\_\_ Place \_\_\_\_\_

Current Status \_\_\_\_\_

(NOTE: A "yes" response to this question does not automatically disqualify you for employment.)

19) Have you ever been a defendant in any civil action or lawsuit that included a claim against you for an intentional tort (including but not limited to assault, battery, false imprisonment, negligent or intentional infliction of distress, trespass, etc?) ☐ YES ☐ NO

If yes, state the date, name and location of the court in which the claim, action, or lawsuit was brought against you, and the current status or disposition of the claim, action or lawsuit.

Date: \_\_\_\_\_ Court: \_\_\_\_\_

(Name/Location)

Status/disposition: \_\_\_\_\_

20) In case of emergency, please notify:

Name \_\_\_\_\_ Relationship (if any) \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## CERTIFICATION AND AUTHORIZATION

I understand that misrepresentation or omission of pertinent facts called for may be cause for dismissal if I am employed. I authorize the Town of Davie to make inquiries into my personal, educational or employment history as may be necessary to reach any employment decision and I consent to the release of information from past employers and other individuals concerning my qualifications for employment. I further understand that, if hired, there is a probationary period and I can be terminated at any time during the period.

Signature \_\_\_\_\_ Date \_\_\_\_\_

By signing this form, I authorize my minor child to sign this Application for Employment with the Town of Davie.

Parent/Legal Guardian \_\_\_\_\_ Signature \_\_\_\_\_  
(Print)



Administration 797-1030  
Administrative Services 797-1020  
Budget & Finance 797-1050  
Community Services 797-1145  
Development Services 797-1111

Engineering 797-1113  
Fire Department 797-1090  
Police Department 797-1200  
Public Works 797-1240  
Utilities 433-4000

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*Town of Davie*

6591 Orange Drive Davie, Florida 33314-3399

(954) 797-1000

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**PLEASE READ THE ATTACHED APPLICATION INSTRUCTIONS THOROUGHLY!**

All documentation listed in the instructions must be submitted with your employment application. Completed applications and all required documents must be received by the Human Resources Division at Town Hall no later than 5:00 p.m. on September 1, 2000 in order to be considered eligible for further processing.

Please note the following:

The Town of Davie's Charter provides:

"No individual may be appointed or hired as an officer or employee of the town who is a relative of an officer or employee within the same department of the town. Further, whenever there is such an individual employed by the town, all provisions of Florida State Statute 112.3135, as it may be amended from time to time, shall apply."

The Town's Personnel Rules and Regulations provide:

"An applicant who takes a written test and does not receive a passing grade shall be excluded from applying for the same position for which he/she failed the written test for a period of six (6) months." (Rule V, Section 4 (a))

"An applicant who participates in an oral assessment and does not receive a passing grade shall be excluded from applying for the same position for which he/she failed the oral assessment for a period of six (6) months." (Rule V, Section 4 (a))

"In the event the town identifies certain desirable "qualifications" (eg., experience levels, educational needs, certain licenses or certifications, etc.) over and above the minimum requirements set forth in the class specification, the town may establish a separate eligible list for those applicants who possess the additional, desirable qualifications and may select applicants from this list prior to selecting from the list of applicants who possess the minimum job requirements only." (Rule V, Section 6)

"Eligible lists and names appearing thereon shall remain in force one year or, where lists have been combined, one year after the date of combining." (Rule V, Section 6)

**IF YOU ARE CLAIMING VETERAN'S PREFERENCE, PLEASE ASK FOR A VETERAN'S PREFERENCE FORM. THIS FORM, ALONG WITH YOUR APPLICATION, MUST BE COMPLETED AND SUBMITTED WITH DOCUMENTATION SUBSTANTIATING YOUR CLAIM IN ORDER TO BE CONSIDERED FOR VETERAN'S PREFERENCE.**

If you have any questions regarding this application process, please contact the Human Resources Division at 954-797-1013.



## **CERTIFIED FIREFIGHTER/CERTIFIED PARAMEDIC AND PARAMEDIC QUALIFYING APPLICANT INSTRUCTIONS**

**CERTIFIED FIREFIGHTER/CERTIFIED PARAMEDIC:** All applicants must submit a valid copy of their Certificate of Compliance/Renewal issued by the State of Florida Bureau of Fire Standards and Training and a copy of their State of Florida Paramedic Certification.

**PARAMEDIC QUALIFYING:** Third semester paramedic students may apply. Must take and pass Florida State Paramedic exam by February 2001.

**WRITTEN EXAMINATION:** The Town of Davie will administer a written standardized examination on **September 14, 2000 at 9:00 a.m.**, Registration will begin at **8:30 a.m.** The test will be held at the **Davie Police Department** Community Room located 1230 South Nob Hill Road in Davie. Applicants must take this test in order to be considered for an Oral assessment. You must pass each portion of the written examination with a minimum score of 70% or above and must achieve an overall score of 70% or above in order to remain in the selection process. Standing on the eligibility list will be based on Oral Assessment scores. (Must receive minimum score of 70% on the Oral Assessment).

**If you are presently employed in the State of Florida as a certified firefighter/paramedic the written examination portion of the process may be waived if you have taken a similar written exam during the recruitment process for your current employer.**

Any person requiring auxiliary aids and services for this examination may call the Human Resources Division at 797-1010 at least five (5) working days prior to the examination. If you are hearing or speech impaired, please contact the Florida Relay Service by using the following numbers: 1-800-955-8770 (voice) or 1-800-955-8771 (TDD).

**ORAL ASSESSMENT:** The Town of Davie will administer an Oral Assessment that **all** applicants must take in order to be considered for the position of Firefighter/Paramedic. We anticipate the Oral Assessment to be administered on Tuesday, September 26 and Wednesday, September 27, 2000. You must achieve an overall passing score of 70% or above in order to remain in the selection process. The score on the oral assessment will determine your standing on the eligibility list.

**PHYSICAL ABILITY & SWIMMING TESTS:** The selection process for the position of Firefighter/Paramedic requires that you take and pass the Physical Ability test administered by the Broward Fire Academy. The Physical Ability card is valid for one year. If you have a valid Physical Ability card, submit a copy with your application. If you do not have a valid Physical Ability card, you will be required to register and successfully pass this test given on September 16, 2000. Please read and sign the enclosed Physical Ability Test Acknowledgment Form.

*Physical Ability cards may also be required to be valid at time of hire.*

Applicant Instructions  
Page 2

**INSTRUCTIONS:** Complete the Town of Davie employment application and all accompanying documents **completely and accurately**. All statements made are subject to verification. Any applicant giving false information will be subject to disqualification. If a question does not apply to you, write N/A (**not applicable**). When the space provided is inadequate, please use an additional sheet of paper to document any additional information and indicate the question you are responding to. More than one answer may be put on a sheet.

**INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED AND WILL BE SUBJECT TO DISQUALIFICATION.**

Please review the FOLLOWING instructions regarding the submission of your employment application. Submit all applicable documents with your completed application to the Human Resources Division at Town Hall:

- Complete Application for Employment
- Tobacco Affidavit
- Paramedic/Firefighter-Employment Application Supplement Form
- EEO Form (optional)
- Release and Waiver Form for Pre-Employment Background Investigation
- Release to Procure an Investigative Consumer Report Form
- Veterans Preference Form and documents substantiating your claim (if applicable)
- DD214 - Military Discharge papers (if applicable)
- Applicant's Driving History Form
- Drug-Free & Alcohol-Free Applicant Acknowledgement Form
- Copy of High School Diploma or GED Certificate
- Copy of Birth Certificate or completion of Acknowledgement of Naturalization form (available at Town Hall)
- Copy of Social Security Card
- Copy (front and back if dates are on back) of Valid Florida Driver's License Class D.
- Copy of Valid Florida Firefighter Certificate of Compliance/Renewal
- Copy of Valid Florida Paramedic Certification
- Copy of Physical Ability Card from Broward Fire Academy
- Physical Ability Test Acknowledgement Form
- \$15.00 non-refundable written test fee if applicable (cash or money order made out to Town of Davie)

All of the required documentation must be provided along with your employment application in order to be considered eligible for further processing. Incomplete applications will not be considered and will be subject to disqualification.

Your completed application may remain active for up to one (1) year or longer. At any time within the process, you may be notified of additional processing requirements as determined by the Town.

**Instructions:** This affidavit is to be submitted with the employment application. This affidavit must be submitted in accordance with Florida State Statute 633.34 Fire Fighters; qualifications for employment.

## **AFFIDAVIT**

STATE OF FLORIDA                    )  
  )  
COUNTY OF \_\_\_\_\_ )

Before me this day personally appeared \_\_\_\_\_,  
who, being first duly sworn, deposes and says that he has been a non-user of tobacco  
or tobacco products for at lease one (1) year immediately preceding the date of  
submission of this employment application.

\_\_\_\_\_  
(Must be signed in presence of Notary)

Sworn to and subscribed before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
Notary Public

My commission expires:





PARAMEDIC EMPLOYMENT APPLICATION  
SUPPLEMENT FORM

Print Name: \_\_\_\_\_

I hereby certify that I have the following working **PARAMEDIC** experience:  
(DO NOT include years worked as an E.M.T)

Dates from: \_\_\_\_\_ to \_\_\_\_\_ Employer Name: \_\_\_\_\_

Dates from: \_\_\_\_\_ to \_\_\_\_\_ Employer Name: \_\_\_\_\_

Dates from: \_\_\_\_\_ to \_\_\_\_\_ Employer Name: \_\_\_\_\_

Dates from: \_\_\_\_\_ to \_\_\_\_\_ Employer Name: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## RELEASE AND WAIVER FORM FOR PRE - EMPLOYMENT BACKGROUND INVESTIGATION

I, \_\_\_\_\_, hereby authorize any officer or other authorized representative of the Town of Davie bearing this release, or a copy of it, within one year of its date, to obtain information in your files pertaining to my personal, educational, or employment history as may be necessary to reach any employment decision including, but not limited to, academic achievement, attendance, athletic, personal history, performance report, background investigations, social security information and records, and disciplinary records, and I consent to the release of information from past employers and other individuals concerning my qualifications for employment.

I also hereby, authorize any officer or other authorized representative of the Town of Davie bearing this release or a copy of it, within one year of its date, to obtain any medical records or medical information in the files of my current or former employer(s) or any current or former physician(s) or both, which pertain to my employment following a conditional offer of employment.

I hereby direct you to release this information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Town of Davie.

I also hereby release you, as the custodian of such records and any school, college, university or other education institution, or retail business establishment including collectively, from any and all liability for damage of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.

I also hereby release the Town of Davie and any officer or other authorized representative of the Town of Davie, from any and all liability for damage of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

I understand that I have the right to receive a copy of this authorization and acknowledge that I have received a copy of it.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

By signing this form, I authorize my minor child to sign this Release and Waiver form for pre-employment background investigation.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_, by \_\_\_\_\_ (name of person acknowledging).

\_\_\_\_\_  
Signature of Notary Public - State of Florida

\_\_\_\_\_  
Print, Type, or Stamp Commissioned  
Name of Notary Public

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_  
Type of Identification Produced \_\_\_\_\_

8/9/99



## EQUAL EMPLOYMENT OPPORTUNITY INFORMATION FORM

The Town is firmly committed to equal employment opportunity for all employees and applicants employment. The Town shall not discriminate in any employment-related decisions on the basis of race, color, religion, sex, age, national origin, marital status, political affiliations, handicap or disabilities.

If you choose to provide the following information it will be used to help improve our recruitment programs and comply with Federal/State Equal Employment Opportunity record keeping, reporting and other legal requirements.

This form will be detached from your application and kept separate. This information will not be used in any way to make any employment decision which affects you.

Position Applied For: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Sex: ☐ F ☐ M

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Race/Ethnic Group: (please check one)

- ( ) White (Not of Hispanic Origin) - All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- ( ) Black (Not of Hispanic Origin) - All persons having origins in any of the Black racial groups of Africa.
- ( ) Hispanic - All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- ( ) Asian or Pacific Islander - All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
- ( ) American Indian or Alaskan Native - All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.



**NOTICE TO APPLICANT OF INTENT TO  
OBTAIN AN INVESTIGATIVE CONSUMER REPORT**

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Dear Applicant:

In connection with your application for employment, we would like to procure certain background information concerning you which is contained in an investigative consumer report. An investigative consumer report may contain information regarding your: credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, mode of living, and/or criminal background. This information may be gathered from personal interviews with your neighbors, friends, and/or associates (e.g., former employers).

Before we may procure an investigative consumer report, you must authorize such procurement in writing. You have the right to decline authorization for us to procure an investigative consumer report. However, we will not consider you further for employment if you so decline.

In addition to information to be obtained from other sources without personal interviews, we intend to ask your former employer(s) the following questions concerning:

- What were the dates of your former employment?
- What position(s) did you hold?
- Were you ever demoted or otherwise disciplined? If so, what were the circumstances.
- Did you perform your job in a satisfactory manner?
- Under what circumstances did you leave?
- Would you rehire the individual?

On the back of this form you will find a release which will allow us to obtain an investigative consumer report concerning the foregoing questions. Please read the release carefully before signing it and indicating your choice regarding disclosure. Additionally, please note that the release authorizes us to obtain an investigative consumer report now and at any other time during your employment.

Attached to this letter is "A Summary of Your Rights Under the Fair Credit Reporting Act."

Sincerely,

Freda Gellerstein  
Acting Personnel Manager

8/4/00

**RELEASE TO PROCURE A CONSUMER REPORT**

I have read the "Notice to Applicant of Intent to Obtain Consumer Report" letter on the back of this form.

I understand that I have the right to decline authorization for the Town of Davie to procure a consumer report concerning me.

I understand that the consumer report may contain information concerning my: credit worthiness, credit standing, general reputation, personal characteristics, mode of living, and/or criminal background.

Understanding these rights,

\_\_\_\_\_ I authorize the Town of Davie to procure a consumer report concerning me now and at any other time during my employment.

\_\_\_\_\_ I do not authorize the Town of Davie to procure a consumer report concerning me.

NAME (Print Please): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

## **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every “consumer reporting agency” (CRA). Most CRA’s are credit bureaus that gather and sell information about you - such as if you pay your bills on time or have filed bankruptcy -- to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission’s web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you - such as denying an application for credit, insurance, or employment - must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify the (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its finding to the CRA. (The source also must advise national CRA’s -- to which it has provided the data -- of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA’s investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or**

**cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

- **You can dispute inaccurate items with the source of the information.** If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA, may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.



**DRUG-FREE & ALCOHOL-FREE WORKPLACE  
APPLICANT NOTIFICATION &  
ACKNOWLEDGEMENT**

The Town of Davie has determined that drugs (including alcohol), taken for non-medicinal purposes, have no place on the job. An employee's use of drugs and/or alcohol subjects the employee, co-workers and the public to unacceptable safety risks, impairs an employee's ability to perform on the job, and undermines the Town of Davie's ability to operate effectively and efficiently. Accordingly, the Town of Davie has implemented a drug-free and alcohol-free workplace program in keeping with both the spirit and intent of the Drug-Free Workplace Act of 1988, 41 U.S.C. Section 701, et seq. It is a condition of employment that all employees abide by this policy concerning drugs and alcohol.

Tests for the presence of controlled substances will be administered following a conditional offer of employment to:

- all applicants for full-time regular and full-time temporary positions and part-time regular positions at the time of the pre-employment physical examination; and
- all applicants for part-time temporary positions.

The Personnel Division will schedule the examination of eligible applicants. At the time of screening, applicants are to identify themselves by a driver's license or other means of photographic identification. Parental consent will be required for applicants under eighteen years of age.

The confirmed presence of a controlled substance without adequate explanation will result in termination of the applicant's candidacy. Applicants may contest or explain the confirmed positive test result to the Town of Davie within five working days after written notification of the confirmed positive test result. Applicants who refuse to be tested for controlled substances, or who fail to report for testing as directed, or who have a confirmed positive test result, will be removed from consideration for employment and shall be precluded from reapplying for employment with the Town for a period of one (1) year from date of refusal, failure to report, or confirmed positive test result.

If the test results are positive, the applicant may, at his/her own expense, have a Gas Chromatography - Mass Spectrometry performed on the original sample by a qualified laboratory. Written results from the laboratory are to be provided to the Personnel Division.

I have read the above and am aware of the above policy.

**NOTE: DO NOT SIGN THIS FORM UNLESS IN THE PRESENCE OF WITNESS.**

\_\_\_\_\_  
Print Applicant Name

\_\_\_\_\_  
Print Witness Name

\_\_\_\_\_  
Applicant Signature                      Date

\_\_\_\_\_  
Witness Signature                      Date

\_\_\_\_\_  
Print Name of Parent or Legal Guardian  
( if applicant is under the age of 18 )

\_\_\_\_\_  
Print Witness Name                      Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian      Date  
( if applicant is under the age of 18 )

\_\_\_\_\_  
Witness Signature                      Date





## APPLICANT'S DRIVING HISTORY

### GENERAL INFORMATION:

Please print all information EXACTLY as shown on the driver's license. If a question does not apply to you, write N/A (not applicable).

1) Driver's License Number	2) Issuing State	3) Date of Issue Reissued Yes _____ No _____	4) Indicate Type: Class _____ Endorsement _____
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5) Name: First Middle Last

6) Address: Street City State Zip

7) If you have not held a Florida's Driver's License for the last three years, please give prior driver's license number and state in which it was issued.

8) Is your license currently valid? \_\_\_\_\_ Yes \_\_\_\_\_ No

9) Has your license ever been suspended? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain:

10) Has your license ever been revoked? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain:

11) List all traffic citations received within the last seven years. For each offense, give date, description of offense, and state in which offense occurred, and disposition of case. (List on reverse side if additional room is necessary). If none, write "NONE."

12) Have you ever completed a Defensive Driving Course? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain:

13) CERTIFICATION OF APPLICANT - Please read carefully before signing.

I hereby certify that all answers to the above questions and statements are true, and I agree and understand that any misstatements of material facts contained in the form may cause forfeiture upon my part of all rights to any employment sought hereunder.

Signature \_\_\_\_\_

Date \_\_\_\_\_



## Ability Test Information for September 16, 2000

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### PLEASE READ THE FOLLOWING INSTRUCTIONS THOROUGHLY!

The selection process for the position of Firefighter/Paramedic requires that you take and pass the Physical Ability and Swimming test administered by the Broward Fire Academy. **You must register and pass the test given on September 16, 2000. If you do not pass the Physical Ability Test at that time, you will no longer be able to continue in this process.**

**DATE TO REGISTER:** Tuesday, September 5, 2000 through Friday, September 8, 2000 from 8:00 am to 2:30 pm

**WHERE TO REGISTER:** Broward Fire Academy 2600 SW 71st Terrace, Davie, FL (Corner of Nova Drive & 71st Terrace. . . dead ends at academy) 954-474-8217

**COST OF TEST:** \$27.00 Florida residents/\$75.00 non-Florida residents (Checks or money orders payable to McFatter Voc-Tech Center). The registration fee will be collected at time of registration.

**DATE OF TEST:** Saturday, September 16, 2000 from 8:00 am to 5:00 pm (photo ID required) You will be advised of testing location(s) when you register.

Testing criteria will be available to you at time of registration. County-wide Physical Ability Test Video is available at all Broward County Libraries. Applicants must show proof of eligibility at time of registration. A Release of Liability Form and Physician's Statement will be given to you when you register. Each candidate must present this form, signed and notarized, on day of testing. The test involves swimming and physical activities; please bring and/or wear appropriate attire (long pants and tee-shirt required for swim portion), towel, nutritional food and drink.

I hereby attest and affirm I have read and fully understand the above information and procedures and have received a copy of this form.

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Signature

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Date

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Print Name

8/7/00



**CERTIFIED FIREFIGHTER/PARAMEDIC  
WRITTEN EXAMINATION NOTICE**

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(Applicant Name)

The Town of Davie will administer a written standardized examination on **Thursday, September 14, 2000 at 9:00 a.m.** that all applicants must take in order to be considered for an Oral Assessment. Please arrive at **8:30 a.m.** to register. You must meet the minimum requirements of each portion of the written examination with a minimum score of 70% or above and must achieve an overall minimum score of 70% or above in order to remain in the selection process. Candidates who receive a 70% or above will continue in the process by participating in an oral assessment. Standing on the eligibility list will be based on Oral Assessment scores.

**If you are presently employed in the State of Florida as a certified firefighter/paramedic the written examination portion of the process may be waived.**

**You have been scheduled to take the written examination at 9:00 a.m.. The examination will be held at:**

**Davie Police Department- Community Room  
1230 South Nob Hill Road  
Davie, FL 33324**

Prior to the exam, there will be a brief overview regarding the recruitment process.

FOR IDENTIFICATION PURPOSES, YOU MUST PRESENT A PHOTO ID AT THE WRITTEN EXAM. You will not be allowed into the testing area with any type of books, magazines, calculator, telephone, or beeper.

This written examination consists of approximately 80 items and will take approximately two (2) hours.

Since the written test is considered a competitive examination, you must not discuss or divulge the contents of this test (or any portion thereof) with anyone. If it is detected that you have discussed or divulged the contents of this test (or any portion thereof), you may be subject to disqualification and may be deemed ineligible to continue in the selection process.

**If you pass the written exam, you will be scheduled for the Oral Assessment.**

Any person requiring auxiliary aids and services for this examination may call the Human Resources at 797-1010 at least five calendar days prior to the examination date. If you are hearing or speech impaired, please contact the Florida Relay Service by using the following numbers: 1-800-955-8770 (voice) or 1-800-955-8771 (TDD).

I hereby attest and affirm I have read and fully understand the above information and procedures and have received a copy of this form.

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Signature

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Date



## CERTIFIED FIREFIGHTER/PARAMEDIC \*CHECK OFF SHEET

Applicant Name: \_\_\_\_\_

The following items are required for eligibility for the position of Firefighter/Paramedic (these items must be submitted with employment application):

- \_\_\_\_\_ Complete Application for Employment
- \_\_\_\_\_ Tobacco Affidavit
- \_\_\_\_\_ Paramedic/Firefighter-Employment Application Supplement Form
- \_\_\_\_\_ EEO Form (optional)
- \_\_\_\_\_ Release and Waiver Form for Pre-Employment Background Investigation
- \_\_\_\_\_ Release to Procure an Investigative Consumer Report Form
- \_\_\_\_\_ Veterans Preference Form and documents substantiating your claim (if applicable)
- \_\_\_\_\_ DD214 - Military Discharge papers (if applicable)
- \_\_\_\_\_ Applicant's Driving History Form
- \_\_\_\_\_ Drug-Free & Alcohol-Free Applicant Acknowledgement Form
- \_\_\_\_\_ Copy of High School Diploma or GED Certificate
- \_\_\_\_\_ Copy of Birth Certificate or completion of Acknowledgement of Naturalization form (available at Town Hall)
- \_\_\_\_\_ Copy of Social Security Card
- \_\_\_\_\_ Copy (front & back if dates on back) of Valid Florida Driver's License Class "D"
- \_\_\_\_\_ Copy of Valid Florida Firefighter Certificate of Compliance/Renewal
- \_\_\_\_\_ Copy of Valid Florida Paramedic Certification
- \_\_\_\_\_ Third semester paramedic students, taking State of Florida Paramedic exam by February 2001\*
- \_\_\_\_\_ Copy of Valid Physical Ability Card from Broward Fire Academy
- \_\_\_\_\_ Physical Ability Test Acknowledgement Form
- \_\_\_\_\_ Acknowledgment of Written Exam or Request of Waiver of Written Exam
- \_\_\_\_\_ \$15.00 non-refundable written test fee if applicable (cash or money order made out to Town of Davie)

Accepted by: \_\_\_\_\_

Date: \_\_\_\_\_

Verified by: \_\_\_\_\_

Date: \_\_\_\_\_